



The TAG/Provider Open Communication Forum webinar will begin shortly. While you are waiting, please check your audio settings.

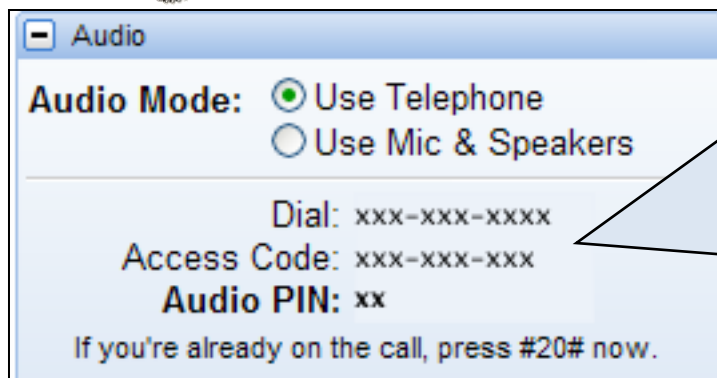
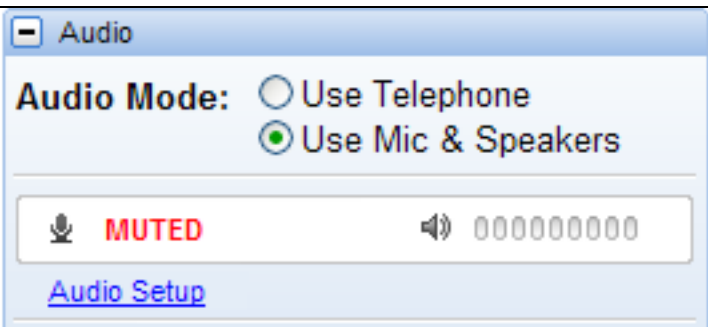
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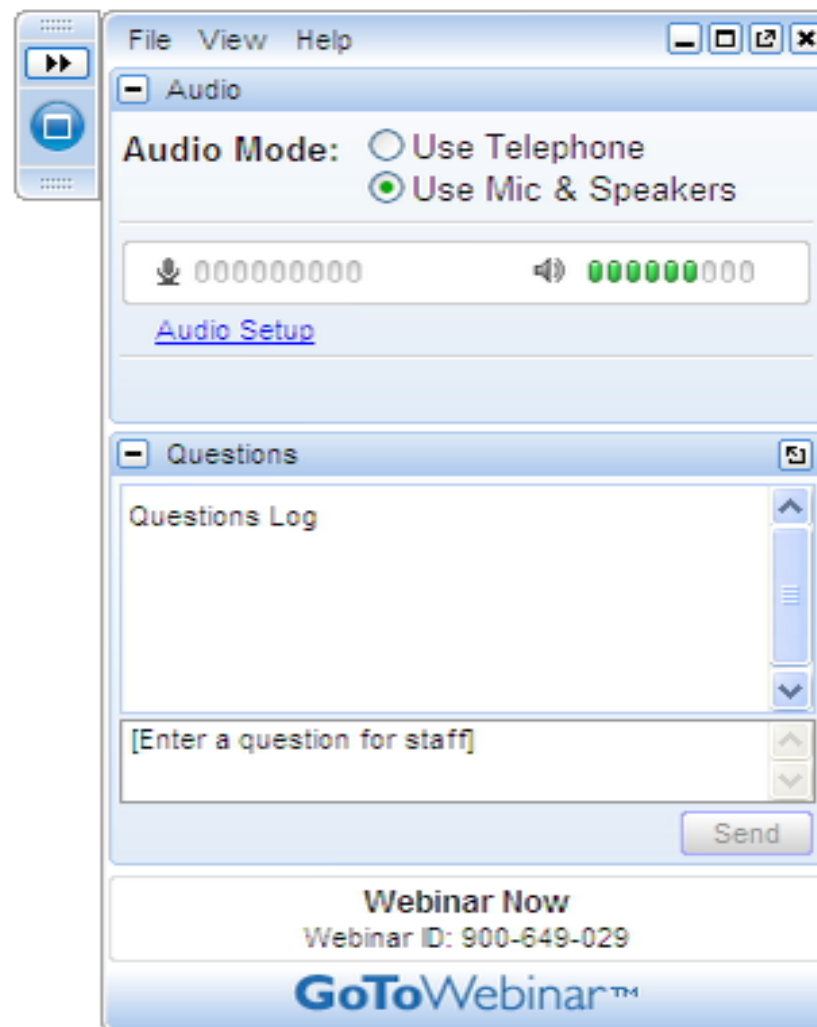
The screenshot shows a window titled "Audio" with a minus sign in the top-left corner. Inside the window, the "Audio Mode" section has two radio buttons: "Use Telephone" (which is selected with a green dot) and "Use Mic & Speakers" (which is unselected). Below this, there are three lines of text: "Dial: xxx-xxx-xxxx", "Access Code: xxx-xxx-xxx", and "Audio PIN: xx". At the bottom of the window, a line of text reads: "If you're already on the call, press #20# now."



Webinar Tips

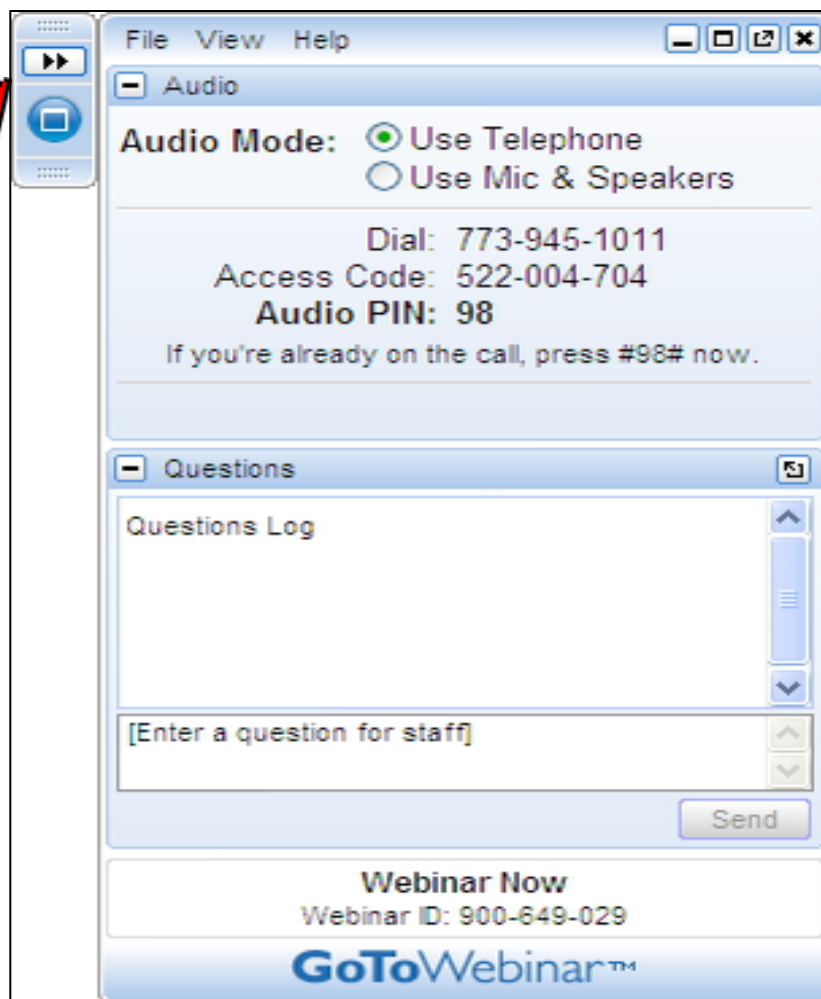
■ Attendee Control Panel

■ Asking Questions



Attendee Control Panel

- **Hiding the Control Panel**
 - Toggle Auto-Hide On/Off
- **Use this panel to:**
 - Set your sound preferences
 - Ask Questions and view answers
- **Your microphone should always be muted**
- **Do not use the hand raising icon**
 - We are not monitoring this feature





Asking Questions

- You may ask questions anytime during the Webinar
 - Click the Questions option in the Webinar toolbar
 - Type in question
 - Click Send
- Selected questions will be answered during the Webinar – time permitting
- Questions will be reviewed for inclusion in future communications from DSHS

The screenshot shows the GoToWebinar interface with the following elements:

- Audio Section:**
 - Audio Mode: ☒ Use Telephone, ☐ Use Mic & Speakers
 - Dial: 773-945-1011
 - Access Code: 522-004-704
 - Audio PIN: 98
 - If you're already on the call, press #98# now.
- Questions Section:**
 - Questions Log (empty text area)
 - [Enter a question for staff] (input field)
 - Send button (highlighted with a red arrow)
- Footer:**
 - Webinar Now
 - Webinar ID: 900-649-029
 - GoToWebinar™



TAG/Provider Open Communication Forum

July 13th , 2011

Agency Panelists today:

Bettina Maki, HCA

Erik Landaas, L&I

Tom Davis, L&I

Dee Hahn, L&I

Dr Jeff Thompson, HCA-Medicaid

Sandy Stith, HCA-Medicaid

DeeDee Howden, HCA-Medicaid

Madina Cavendish, HCA-Medicaid

Gary Monroe, HCA-Medicaid

Matt Ashton, HCA-Medicaid



TAG/Provider Open Communication Forum

July 13th , 2011

Agenda:

9:30 Introduction/Housekeeping

9:40 Health Care Authority

10:10 Labor & Industries

**10:40 Health Care Authority - Medicaid
Purchasing**

Provider Resources Available-HCA-MP

11:10 Q & A

HEALTH CARE AUTHORITY

<http://www.hca.wa.gov/>



July 2011 UMP Updates for TAG

Presented by Bettina Maki

Elizabeth James, PharmD
Strategy & Planning Manager, PEB Division



2011 Updates

- HCA and Medicaid Purchasing Administration consolidated July 1 per Governor Gregoire's executive order
- Contract with Regence as UMP's TPA began January 1, 2011
 - HCA still holds hospital contracts
- The ODS Companies of Portland continues as the contractor for UMP's pharmacy benefit services
- In June, Regence began assigning eligible members to Washington clinics as part of an Intensive Outpatient Care Program (IOCP), similar to a primary care medical home concept



2012 Proposed Changes *

- UMP will offer a Consumer-Driven Health Plan + Health Savings Account with an employer contribution
- Regence will manage the bariatric surgery network that has been managed in-house since the benefit's inception in 2007
- UMP will offer a 5% coinsurance value tier for certain generic prescription drugs used to treat chronic conditions



2013 “Go-Live” Goals

- Centers of Efficiency for hip, knee and spine surgeries
- Regence to administer hospital network
- A Primary Care Health Home program in compliance with SSB 5394
- A 3rd UMP product – in addition to the current UMP product and 2012 proposed CDHP product – that will:
 - Engage members in their personal health and health care decision-making,
 - Encourage member accountability in choosing cost-effective health care services, and
 - Promote healthy living



Questions & Follow-Up

Elizabeth James

elizabeth.james@hca.wa.gov



LABOR and INDUSTRIES

<http://www.lni.wa.gov/>

Changes in L&I Fee Schedule

Final Conversion Factor - \$55.34

Effective July 1, 2011

Safety

Claims & Insurance

Workplace Rights

Trades & Licensing

TOP 30 RBRVS CODES By Dollar Volume (dates of service 7/1/09-6/30/10)		Non-facility Setting			Facility Setting		
		Max Fee 7/1/10 CF=\$60.78	Max Fee 7/1/11 CF=\$55.34	Percent Change	Max Fee 7/1/10 CF=\$60.78	Max Fee 7/1/11 CF=\$55.34	Percent Change
97110	Therapeutic exercises	\$48.02	\$48.70	1.4%	\$48.02	\$48.70	1.4%
99213	Office/outpatient visit est	\$110.01	\$112.89	2.6%	\$80.23	\$80.24	0.0%
99214	Office/outpatient visit est	\$164.71	\$167.13	1.5%	\$123.99	\$123.41	-0.5%
97140	Manual therapy	\$44.98	\$45.93	2.1%	\$44.98	\$45.93	2.1%
97124	Massage therapy	\$38.90	\$39.84	2.4%	\$38.90	\$39.84	2.4%
97530	Therapeutic activities	\$51.66	\$53.13	2.8%	\$51.66	\$53.13	2.8%
72148	Mri lumbar spine w/o dye	\$777.38	\$777.53	0.0%	\$777.38	\$777.53	0.0%
99203	Office/outpatient visit new	\$162.89	\$168.23	3.3%	\$120.95	\$121.19	0.2%
73721	Mri jnt of lwr extre w/o dye	\$815.06	\$827.33	1.5%	\$815.06	\$827.33	1.5%
29826	Shoulder arthroscopy/surgery	\$1,035.08	\$1,068.06	3.2%	\$1,035.08	\$1,068.06	3.2%
73221	Mri joint upr extrem w/o dye	\$800.47	\$812.39	1.5%	\$800.47	\$812.39	1.5%
90806	Psytx off 45-50 min	\$147.09	\$138.35	-5.9%	\$136.76	\$127.28	-6.9%
99204	Office/outpatient visit new	\$252.24	\$257.88	2.2%	\$204.22	\$204.76	0.3%
97001	Pt evaluation	\$118.52	\$118.43	-0.1%	\$118.52	\$118.43	-0.1%
29881	Knee arthroscopy/surgery	\$995.58	\$1,032.64	3.7%	\$995.58	\$1,032.64	3.7%
99212	Office/outpatient visit est	\$65.03	\$68.07	4.7%	\$40.72	\$40.95	0.6%
99244	Office consultation	\$309.37	\$288.32	-6.8%	\$258.92	\$241.84	-6.6%
29827	Arthroscop rotator cuff repr	\$1,685.43	\$1,732.14	2.8%	\$1,685.43	\$1,732.14	2.8%
72141	Mri neck spine w/o dye	\$772.51	\$776.97	0.6%	\$772.51	\$776.97	0.6%
99283	Emergency dept visit	\$102.11	\$99.06	-3.0%	\$102.11	\$99.06	-3.0%
95904	Sense nerve conduction test	\$80.84	\$87.44	8.2%	\$80.84	\$87.44	8.2%
99243	Office consultation	\$208.48	\$194.80	-6.6%	\$162.89	\$152.19	-6.6%
97112	Neuromuscular reeducation	\$49.84	\$50.91	2.1%	\$49.84	\$50.91	2.1%
99215	Office/outpatient visit est	\$221.85	225.23	1.5%	\$175.05	\$174.32	-0.4%
72158	Mri lumbar spine w/o & w/dye	\$1,208.91	\$1,188.15	-1.7%	\$1,208.91	\$1,188.15	-1.7%
97014	Electric stimulation therapy	\$23.10	\$23.80	3.0%	\$23.10	\$23.80	3.0%
73222	Mri joint upr extrem w/dye	\$880.70	\$884.89	0.5%	\$880.70	\$884.89	0.5%
64483	Inj foramen epidural l/s	\$423.64	\$396.23	-6.5%	\$173.83	\$167.13	-3.9%
97546	Work hardening add-on	\$62.00	\$62.53	0.9%	\$62.00	\$62.53	0.9%
64721	Carpal tunnel surgery	\$646.70	\$678.47	4.9%	\$643.66	\$675.15	4.9%

Safety

Claims & Insurance

Workplace Rights

Trades & Licensing

TOP 30 MOST CHANGED RBRVS FEES (by percentage, from top 300 codes)		Non-facility Setting			Facility Setting		
		Max Fee 7/1/10 CF=\$60.78	Max Fee 7/1/11 CF=\$55.34	Percent Change	Max Fee 7/1/10 CF=\$60.78	Max Fee 7/1/11 CF=\$55.34	Percent Change
12001	Repair superficial wound(s)	\$ 230.36	\$ 156.06	-32.3%	\$ 164.11	\$ 89.10	-45.7%
12002	Repair superficial wound(s)	\$ 244.94	\$ 182.62	-25.4%	\$ 181.73	\$ 114.00	-37.3%
12011	Repair superficial wound(s)	\$ 244.94	\$ 187.05	-23.6%	\$ 168.97	\$ 106.25	-37.1%
64484	Inj foramen epidural add-on	\$ 215.16	\$ 174.87	-18.7%	\$ 109.40	\$ 86.33	-21.1%
95934	H-reflex test	\$ 84.48	\$ 92.42	9.4%	\$ 84.48	\$ 92.42	9.4%
95900	Motor nerve conduction test	\$ 91.17	\$ 99.61	9.3%	\$ 91.17	\$ 99.61	9.3%
97022	Whirlpool therapy	\$ 31.00	\$ 33.76	8.9%	\$ 31.00	\$ 33.76	8.9%
73560	X-ray exam of knee 1 or 2	\$ 46.80	\$ 50.91	8.8%	\$ 46.80	\$ 50.91	8.8%
73100	X-ray exam of wrist	\$ 47.41	\$ 51.47	8.6%	\$ 47.41	\$ 51.47	8.6%
95904	Sense nerve conduction test	\$ 80.84	\$ 87.44	8.2%	\$ 80.84	\$ 87.44	8.2%
62310	Inject spine c/t	\$ 366.50	\$ 395.68	8.0%	\$ 181.73	\$ 184.28	1.4%
27096	Inject sacroiliac joint	\$ 282.02	\$ 303.82	7.7%	\$ 113.66	\$ 114.55	0.8%
64520	N block lumbar/thoracic	\$ 292.35	\$ 314.88	7.7%	\$ 122.78	\$ 127.28	3.7%
73110	X-ray exam of wrist	\$ 56.53	\$ 60.87	7.7%	\$ 56.53	\$ 60.87	7.7%
73562	X-ray exam of knee 3	\$ 56.53	\$ 60.87	7.7%	\$ 56.53	\$ 60.87	7.7%
97016	Vasopneumatic device therapy	\$ 26.74	\$ 28.78	7.6%	\$ 26.74	\$ 28.78	7.6%
64623	Destr paravertebral n add-on	\$ 191.46	\$ 205.86	7.5%	\$ 79.62	\$ 80.80	1.5%
73030	X-ray exam of shoulder	\$ 48.02	\$ 51.47	7.2%	\$ 48.02	\$ 51.47	7.2%
95903	Motor nerve conduction test	\$ 106.97	\$ 114.55	7.1%	\$ 106.97	\$ 114.55	7.1%
73140	X-ray exam of finger(s)	\$ 48.62	\$ 52.02	7.0%	\$ 48.62	\$ 52.02	7.0%
99254	Inpatient consultation	\$ 279.59	\$ 260.10	-7.0%	\$ 279.59	\$ 260.10	-7.0%
95860	Muscle test one limb	\$ 139.19	\$ 148.86	6.9%	\$ 139.19	\$ 148.86	6.9%
76942	Echo guide for biopsy	\$ 306.94	\$ 328.17	6.9%	\$ 306.94	\$ 328.17	6.9%
29125	Apply forearm splint	\$ 101.50	\$ 108.47	6.9%	\$ 66.25	\$ 68.62	3.6%
99244	Office consultation	\$ 309.37	\$ 288.32	-6.8%	\$ 258.92	\$ 241.84	-6.6%
99245	Office consultation	\$ 377.44	\$ 351.96	-6.8%	\$ 321.53	\$ 299.94	-6.7%
64622	Destr paravertebrl nerve l/s	\$ 516.63	\$ 551.19	6.7%	\$ 286.27	\$ 297.73	4.0%
62311	Inject spine l/s (cd)	\$ 318.49	\$ 339.79	6.7%	\$ 150.73	\$ 151.63	0.6%
73510	X-ray exam of hip	\$ 60.17	\$ 64.19	6.7%	\$ 60.17	\$ 64.19	6.7%
95861	Muscle test 2 limbs	\$ 202.40	\$ 215.83	6.6%	\$ 202.40	\$ 215.83	6.6%

Safety

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TOP 30 MOST CHANGED RBRVS FEES (by dollar change, from top 300 codes)		Non-facility Setting			Facility Setting		
		Max Fee 7/1/10 CF=\$60.78	Max Fee 7/1/11 CF=\$55.34	\$ Change	Max Fee 7/1/10 CF=\$60.78	Max Fee 7/1/11 CF=\$55.34	\$ Change
63081	Removal of vertebral body	\$ 2725.38	\$ 2816.25	\$90.87	\$ 2725.38	\$ 2816.25	\$90.87
26356	Repair finger/hand tendon	\$ 1642.28	\$ 1728.82	\$86.54	\$ 1642.28	\$ 1728.82	\$86.54
22856	Cerv artific disectomy	\$ 2548.51	\$ 2631.97	\$83.46	\$ 2548.51	\$ 2631.97	\$83.46
22630	Lumbar spine fusion	\$ 2371.64	\$ 2448.24	\$76.60	\$ 2371.64	\$ 2448.24	\$76.60
22612	Lumbar spine fusion	\$ 2468.88	\$ 2543.98	\$75.10	\$ 2468.88	\$ 2543.98	\$75.10
15240	Skin full grft face/genit/hf	\$ 1426.51	\$ 1500.82	\$74.31	\$ 1247.81	\$ 1303.26	\$55.45
63056	Decompress spinal cord	\$ 2279.86	\$ 2354.16	\$74.30	\$ 2279.86	\$ 2354.16	\$74.30
12001	Repair superficial wound(s)	\$ 230.36	\$ 156.06	-\$74.30	\$ 164.11	\$ 89.10	-\$75.01
63045	Removal of spinal lamina	\$ 1938.27	\$ 2012.16	\$73.89	\$ 1938.27	\$ 2012.16	\$73.89
63075	Neck spine disk surgery	\$ 2109.67	\$ 2183.16	\$73.49	\$ 2109.67	\$ 2183.16	\$73.49
22558	Lumbar spine fusion	\$ 2393.52	\$ 2461.52	\$68.00	\$ 2393.52	\$ 2461.52	\$68.00
63020	Neck spine disk surgery	\$ 1780.25	\$ 1847.80	\$67.55	\$ 1780.25	\$ 1847.80	\$67.55
22554	Neck spine fusion	\$ 1955.29	\$ 2021.57	\$66.28	\$ 1955.29	\$ 2021.57	\$66.28
63042	Laminotomy single lumbar	\$ 2003.31	\$ 2068.61	\$65.30	\$ 2003.31	\$ 2068.61	\$65.30
27487	Revise/replace knee joint	\$ 2776.43	\$ 2841.16	\$64.73	\$ 2776.43	\$ 2841.16	\$64.73
25320	Repair/revise wrist joint	\$ 1509.78	\$ 1573.32	\$63.54	\$ 1509.78	\$ 1573.32	\$63.54
12002	Repair superficial wound(s)	\$ 244.94	\$ 182.62	-\$62.32	\$ 181.73	\$ 114.00	-\$67.73
25609	Treat fx radial 3+ frag	\$ 1597.91	\$ 1659.65	\$61.74	\$ 1597.91	\$ 1659.65	\$61.74
27447	Total knee arthroplasty	\$ 2416.01	\$ 2476.47	\$60.46	\$ 2416.01	\$ 2476.47	\$60.46
63047	Removal of spinal lamina	\$ 1686.65	\$ 1747.08	\$60.43	\$ 1686.65	\$ 1747.08	\$60.43
27130	Total hip arthroplasty	\$ 2258.58	\$ 2317.09	\$58.51	\$ 2258.58	\$ 2317.09	\$58.51
63030	Low back disk surgery	\$ 1476.35	\$ 1534.58	\$58.23	\$ 1476.35	\$ 1534.58	\$58.23
12011	Repair superficial wound(s)	\$ 244.94	\$ 187.05	-\$57.89	\$ 168.97	\$ 106.25	-\$62.72
23472	Reconstruct shoulder joint	\$ 2347.93	\$ 2405.63	\$57.70	\$ 2347.93	\$ 2405.63	\$57.70
27486	Revise/replace knee joint	\$ 2207.53	\$ 2265.07	\$57.54	\$ 2207.53	\$ 2265.07	\$57.54
26951	Amputation of finger/thumb	\$ 961.54	\$ 1018.26	\$56.72	\$ 961.54	\$ 1018.26	\$56.72
14040	Skin tissue rearrangement	\$ 1188.86	\$ 1243.49	\$54.63	\$ 1015.63	\$ 1050.35	\$34.72
26746	Treat finger fracture each	\$ 1104.37	\$ 1158.82	\$54.45	\$ 1104.37	\$ 1158.82	\$54.45
26055	Incise finger tendon sheath	\$ 844.84	\$ 899.28	\$54.44	\$ 455.24	\$ 483.67	\$28.43
20680	Removal of support implant	\$ 923.86	\$ 977.86	\$54.00	\$ 655.21	\$ 678.47	\$23.26

Safety

Claims & Insurance

Workplace Rights

Trades & Licensing

EVALUATION AND MANAGEMENT CODES		Non-facility Setting			Facility Setting		
		Max Fee 7/1/10 CF=\$60.78	Max Fee 7/1/11 CF=\$55.34	Percent Change	Max Fee 7/1/10 CF=\$60.78	Max Fee 7/1/11 CF=\$55.34	Percent Change
99201	Office/outpatient visit, new	\$ 65.03	\$ 67.51	3.8%	\$ 41.33	\$ 42.06	3.4%
99202	Office/outpatient visit, new	\$ 112.44	\$ 116.21	3.4%	\$ 80.23	\$ 79.69	0.2%
99203	Office/outpatient visit, new	\$ 162.89	\$ 168.23	3.3%	\$ 120.95	\$ 121.19	1.4%
99204	Office/outpatient visit, new	\$ 252.24	\$ 257.88	2.2%	\$ 204.22	\$ 204.76	1.6%
99205	Office/outpatient visit, new	\$ 317.27	\$ 320.97	1.2%	\$ 264.39	\$ 263.42	1.0%
99211	Office/outpatient visit, est.	\$ 32.21	\$ 32.65	1.4%	\$ 15.20	\$ 14.94	-0.1%
99212	Office/outpatient visit, est.	\$ 65.03	\$ 68.07	4.7%	\$ 40.72	\$ 40.95	2.2%
99213	Office/outpatient visit, est.	\$ 110.01	\$ 112.89	2.6%	\$ 80.23	\$ 80.24	0.9%
99214	Office/outpatient visit, est.	\$ 164.71	\$ 167.13	1.5%	\$ 123.99	\$ 123.41	0.7%
99215	Office/outpatient visit, est.	\$ 221.85	\$ 225.23	1.5%	\$ 175.05	\$ 174.32	0.9%
99231	Subsequent hospital care	\$ 63.82	\$ 62.53	-2.0%	\$ 63.82	\$ 62.53	-0.4%
99232	Subsequent hospital care	\$ 114.27	\$ 112.89	-1.2%	\$ 114.27	\$ 112.89	-0.1%
99233	Subsequent hospital care	\$ 164.11	\$ 162.15	-1.2%	\$ 164.11	\$ 162.15	0.1%
99241	Office consultation	\$ 81.45	\$ 75.82	-6.9%	\$ 55.31	\$ 52.02	-4.4%
99242	Office consultation	\$ 152.56	\$ 142.78	-6.4%	\$ 116.70	\$ 109.02	-5.1%
99243	Office consultation	\$ 208.48	\$ 194.80	-6.6%	\$ 162.89	\$ 152.19	-5.4%
99244	Office consultation	\$ 309.37	\$ 288.32	-6.8%	\$ 258.92	\$ 241.84	-5.3%
99245	Office consultation	\$ 377.44	\$ 351.96	-6.8%	\$ 321.53	\$ 299.94	-5.5%
99281	Emergency dept visit	\$ 34.64	\$ 33.76	-2.5%	\$ 34.64	\$ 33.76	-1.0%
99282	Emergency dept visit	\$ 66.86	\$ 65.30	-2.3%	\$ 66.86	\$ 65.30	-0.7%
99283	Emergency dept visit	\$ 102.11	\$ 99.06	-3.0%	\$ 102.11	\$ 99.06	-1.4%
99284	Emergency dept visit	\$ 192.06	\$ 186.50	-2.9%	\$ 192.06	\$ 186.50	-1.6%
99285	Emergency dept visit	\$ 283.23	\$ 273.93	-3.3%	\$ 283.23	\$ 273.93	-2.1%

Facilities Payment Rates and Fees SFY2012

Rates for Hospitals, Nursing Homes and other facility types have been **FROZEN**.

EXCEPT: Percent Of Allowed Charges (POAC) rate. Declined 1.7%.

Facilities payment rate growth is currently - 1.5%.

ICD – 10 and APR-DRG Projects underway.

Health Care Authority – Medicaid Purchasing

Dr Jeff Thompson

Emergency Room usage

Cesarean Section Births

Provider Feedback

Sandy Stith, Hospital Rates

DeeDee Howden, Professional Rates

Madina Cavendish, Professional Rates

Emergency Room Use

- **Limit to 3 per year per client for non-emergent conditions**
- **Developing a list of emergent diagnosis codes**
- **Seeking co-pay waiver**

Cesarean Section Births

- **15 to 48% hospital rate of C-sections**
- **Partner with provider community**
- **Decrease non-medically indicated C-sections**
- **Goal is to reduce by 20%**

Provider Feedback

- **Generic Drugs**
- **C-sections**
- **Mental Health**

Health Care Authority – Medicaid Purchasing Sandy Stith, Hospital Rates



Hospital Rates

HB 2069 includes:

- 8% reduction to inpatient hospital rates
- 7% reduction to outpatient hospital rates

These reductions require CMS approval prior to implementation.



■ Historical Background

2009 – The legislature enacted a 4% reduction to both inpatient and outpatient hospital expenditures.

2010 – HB 2956 created the Hospital Safety Net Assessment. This bill created an assessment on hospitals to fund:

- Restoration of the 2009 reductions (effective 7/1/09)
- Increases to hospital rates (effective 2/1/10)
 - 13% for inpatient for PPS hospitals
 - 36.83% for outpatient PPS hospitals



■ ■ Historical Background (cont...)

2011 – HB 2069 reduced increases to PPS hospitals created under HB 2956 (effective 7/1/11)

- Inpatient reduced 8% (from 13% to 3.96%)
- Outpatient reduced 7% (from 36.83% to 27.25%)



Implementation

- Rate reductions require CMS approval prior to implementation
- Fees posted on our website include a notation with this explanation
- Rate notices sent to hospitals included explanation of this requirement

Health Care Authority – Medicaid Purchasing
DeeDee Howden, Professional Rates
Madina Cavendish, Professional Rates

**Health Care Authority
CONVERSION FACTORS
EFFECTIVE 7/1/11**

<u>Type of Service</u>		<u>Conversion Factors</u>
Maternity Services		37.40
<i>Includes Codes:</i>		
59000 - 59025	Incision	
59425, 59426, 59430	Antepartum & Postpartum Care	
59400 - 59410	Labor & Vaginal Delivery	
59510 - 59525	Cesarean Delivery	
59610 - 59622	Delivery After Previous C-Section	
Children's Primary Health Care		32.65
<i>Includes Codes</i>		
99201-99215	Office/Outpatient Visits	
99381-99395	Preventive Medicine (EPSDT)	
99460-99463	Newborn Care	
Adult Primary Health Care		19.11
<i>Includes Codes</i>		
99201-99215	Office/Outpatient Visits	
All Other Services		20.13
Laboratory		0.79
Anesthesia	Per 15 Minutes	21.20

HCA – Medicaid Purchasing

Top 30 RBRVS Codes by Dollar Volume (for dates of service 7/1/09 -- 6/30/10)					
Conversion Factor = Various					
RBRVS Code	Short Description	Setting	Max Fee 7/1/10	Max Fee 7/1/11	Percent Change
99213 -- Adults	Office/outpatient visit est	Non Facility	\$ 38.21	\$ 37.84	-1%
99214 -- Adults	Office/outpatient visit est	Non Facility	\$ 57.10	\$ 56.18	-2%
99213 -- Children	Office/outpatient visit est	Non Facility	\$ 63.02	\$ 64.65	3%
59400	Obstetrical care	Facility	\$ 2,034.50	\$ 2,049.15	1%
97530	Therapeutic activities	Non Facility	\$ 18.90	\$ 19.32	2%
99285	Emergency dept visit	Facility	\$ 103.59	\$ 99.64	-4%
99284	Emergency dept visit	Facility	\$ 70.25	\$ 68.04	-3%
92507	Emergency dept visit	Non Facility	\$ 39.35	\$ 49.12	25%
92508	Speech/hearing therapy	Non Facility	\$ 19.34	\$ 16.10	-17%
99214 -- Children	Office/outpatient visit est	Non Facility	\$ 94.17	\$ 95.99	2%
99232	Subsequent hospital care	Facility	\$ 41.79	\$ 41.07	-2%
99283	Emergency dept visit	Facility	\$ 37.12	\$ 36.03	-3%
99233	Subsequent hospital care	Facility	\$ 60.02	\$ 58.98	-2%
59510	Cesarean delivery	Facility	\$ 2,034.50	\$ 2,049.15	1%
92004	Eye exam new patient	Non Facility	\$ 81.14	\$ 83.54	3%
99291	Critical care first hour	Facility	\$ 131.16	\$ 128.23	-2%
97110	Therapeutic exercises	Non Facility	\$ 17.56	\$ 17.71	1%

HCA – Medicaid Purchasing

Top 30 RBRVS Codes by Dollar Volume (for dates of service 7/1/09 -- 6/30/10)

Conversion Factor = Various

RBRVS Code	Short Description	Setting	Max Fee 7/1/10	Max Fee 7/1/11	Percent Change
59426	Antepartum care only	Non Facility	\$ 927.86	\$ 820.18	-12%
99223	Initial hospital care	Facility	\$ 115.60	\$ 112.33	-3%
92340	Fitting of spectacles	Non Facility	\$ 21.12	\$ 21.14	0%
99391	Per pm reeval est pat inf	Non Facility	\$ 62.30	\$ 56.16	-10%
87491	Chylmd trach dna amp probe	N/A	\$ 38.21	\$ 39.02	2%
87591	N.gonorrhoeae dna amp prob	N/A	\$ 38.21	\$ 39.02	2%
99472	Ped critical care subsq	Facility	\$ 235.42	\$ 231.09	-2%
59410	Obstetrical care	Facility	\$ 1,016.60	\$ 1,015.04	0%
99244	Office consultation	Non Facility	\$ 113.15	\$ 104.88	-7%
99203 -- Adults	Office/outpatient visit new	Non Facility	\$ 56.88	\$ 56.37	-1%
99469	Neonate crit care subsq	Facility	\$ 234.30	\$ 232.30	-1%
92014	Eye exam & treatment	Non Facility	\$ 66.47	\$ 69.25	4%
92015	Refraction	Non Facility	\$ 17.56	\$ 15.90	-9%

Health Care Authority – Medicaid Purchasing Top Claim Denials

Top Medicaid Claim Denials

1. Taxonomy is missing or not assigned to the provider

- Taxonomy not loaded in ProviderOne
- Taxonomy not attached to provider
- Taxonomy not being billed to Medicare correctly

2. Client not eligible or assigned to managed care

- Check eligibility upon visit
- Reduce costs bill the correct payer the first time
- Be sure to send coverage information to labs

3. Client/patient date of birth mismatch

- Most of the time caused by wrong client ID on claim

4. Unnecessary comments on the claim (not a denial)

- Clog up payment system
- Delays payments
 - “Please pay my claim”
 - “Description of services billed”

Top Medicaid Claim Denials

Claim Denial	# of Claims	Percent of total
Taxonomy		
1. Billing Provider Taxonomy is missing or not assigned	244, 614	22.4%
2. Rendering Provider Taxonomy is missing or not assigned	49, 585	4.5%
Eligibility		
1. Claim payment covered by Managed Care Plan	126, 582	11.6%
2. Client is not eligible for this date of service	78, 236	7.2%
3. Client's last name does not match our file	47, 845	4.4%
4. Service not covered under client program	37, 804	3.5%
Recipient date of birth mismatch	89, 774	8.2%
Claim has comments that may affect adjudication*	112, 862	10.3%
Commercial Insurance		
1. Client has coverage from another payer	40,796	3.7%
2. Claim contains another payer payment	40,786	3.7%
Medicare paid more than our allowable	37, 725	3.5%

* This is a claim informational reason code

Claim volumes are from 1/1/2011 to 6/27/2011

Top Medicaid Claim Denials

Top ten providers with claim denials

Provider Type	# of claims billed*	# of Claims denied	Percent of claims billed
Northern Clinic	81, 974	23, 217	28.32%
Large Lab	94, 394	16, 694	17.69%
Large Seattle Hospital	134, 423	14, 748	10.97%
Large Seattle Physician Group	157, 181	11, 759	7.48%
Emergency Physicians	56, 072	11, 664	20.80%
Large Lab	58, 454	10, 906	18.66%
Mobile Services	24, 266	8, 121	33.47%
Large Seattle Medical Center	68, 398	7, 907	11.56%
Medical Imaging	52, 164	7, 690	14.74%
An Eastern Washington Medical Center	65, 736	7, 264	11.05%



*Claims billed 1/1/2011 to 06/27/2011



Washington State Health Care Authority

Washington State Medicaid

New Web Site for your “one stop shopping”



Washington State Health Care Authority

Washington State Medicaid

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Medicaid Providers

The Washington State Medicaid Program's computer payment system is called ProviderOne. ProviderOne is an internet-based system that allows providers to become more self sufficient and improve the accuracy of medical and nursing home claims processing. A few of the features that ProviderOne includes are: checking client eligibility, Direct Data Entry (DDE) of claims, adjusting paid claims, reviving denied claims, and retrieving the Remittance Advice. ProviderOne is also a real-time adjudication system for claims processing. For example, a DDE claim may be processed and adjudicated within 30 minutes of being filed in the system.

[Contract All](#) | [Expand All](#)

ProviderOne Maintenance Schedule Update! (Updated 06/20/2011)

Email Distribution Lists

****Medicaid's Customer Service Center adopts new hours.**

You may also want to visit:

- Budget Cuts for 2011 and how they affect the Medicaid Program**
- Fact Sheets**
- Providers access**
- ProviderOne Billing and Resource Guide** for billing & detailed authorization information
- Email Distribution list** to get the latest information specific to your business
- Coordination of Benefits**

“One Stop Shopping” the Training Page




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Training

The **Medicaid Program** offers a variety of learning opportunities for providers. These include live webinars, E-learning lessons, tutorials, and manuals.

A **live Webinar** is simply a online semi-interactive training. It usually includes some type of slide show and other visual material, a sound track that lets the user listen to the presenters, and a "chat-type" area that allows you to type in questions and receive answers from the presenters. **The Provider Relations Team** will be doing an ongoing Operational Webinar series, open the section of interest below and check the schedule for upcoming webinars or review recorded webinars.

E-Learning lessons are usually recorded Webinars that can be broken down into task sessions. E-Learning is a good way to brush up on desired sections of the Webinar without having to listen to the entire webinar.

A **tutorial** is an active training. It lets the user first watch system activity -- such as conducting an eligibility check -- and then lets the user perform the same activity on a virtual basis (with information supplied by the tutorial).

ProviderOne manuals are organized into chapters that explain how to use different

You may also want to visit:

[Budget Cuts](#) for 2011 and how they affect the Medicaid Program

[Fact Sheets](#)

[Providers access](#)

[ProviderOne Billing and Resource Guide](#) for billing & detailed authorization information

[Email Distribution](#) list to get the latest information specific to your business

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Medicaid Purchasing Administration Provider Services Links

Here are some information links that may be useful to a Medicaid Provider:

Alien Emergency Medical Program (AEM) Billing Instructions Division of Behavioral Health & Recovery (DBHR) Document Cover Sheets DSHS Home Page Durable Medical Equipment	Authorization Services Coordination of Benefits Dental Services Drug Use Assistance DSHS Forms (Electronic) Electronic Health Record Incentive Program Health Care Programs & Services HIPAA Home Page MPA News Interpreter Services Mental Health Services NPPES Professional Services Rates Provider Services ProviderOne Log-In
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You may also want to visit:

[Budget Cuts for 2011 and how they affect the Medicaid Program](#)
[Fact Sheets](#)
[Providers access](#)
[ProviderOne Billing and Resource Guide for billing and detailed authorization information](#)
[Email Distribution list to get the latest information specific to your business](#)
[Coordination of Benefits](#)
[Scope of Care client coverage eligible for services](#)
[Tribal services information](#)
[Contact the Customer Service Center](#)



“One Stop Shopping” Webinar List

The Department had produced and recorded the following self help Webinars:

- **Billing Using Taxonomies on Claims**
- **How to Navigate the Interactive Voice Response (IVR) System**
- **How to Bill Successfully in ProviderOne - Medical Providers**
- **How to Bill Successfully in ProviderOne - Dental Providers**
- **How to Bill Successfully in ProviderOne - Tribal Providers**
- **How to Bill Medicare Crossover Claims in ProviderOne**
- **Adjusting Claims in ProviderOne**
- **Submit Nursing Home Institutional Claims using Templates**
- **Submit a Professional Claim with Primary Insurance other than Medicare.**
- **Submit an Institutional Claim with Primary Insurance other than Medicare**
- **Submit a Dental Claim with Primary Insurance.**
- **Submit a Dental Claim denied by the Primary Insurance**
- **Submit Prior Authorization for Medical and Dental Services**
- **Submitting Authorization Requests for Pharmacy Services**
- **Billing a Client**
- **Submitting Paper Claims**

Resources

- Health Care Authority <http://www.hca.wa.gov/>
- L&I web page <http://www.lni.wa.gov/>
- Medicaid “one stop shopping” Training page
<http://www.dshs.wa.gov/provider/training.shtml>
- Medicaid General Reference is the
ProviderOne Billing and Resource Guide
[http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html)
- Medicaid Fee Schedule web page
<http://hrsa.dshs.wa.gov/RBRVS/Index.html>
- Medicaid Hospital Rates web page
<http://hrsa.dshs.wa.gov/HospitalPymt/Index.htm>



- **To close the webinar**
 - **Click the X button in the control panel**